**Achieve Australia – Staff Sign-on Declaration Form**

The coronavirus (COVID-19) is continuing to have impact in the community and Achieve Australia are taking measures to protect the health, safety and wellbeing of the people we support, staff, families and visitors. All workers have a duty to take care of their own health and safety and also to not adversely affect the health and safety of others. This Staff Sign-on Declaration is part of a range of precautionary measures put in place to reduce and slow the potential spread of COVID-19.

**From 18 March 2020, Achieve Australia require all workers (including Agency staff) at all sites to complete this Sign-On Declaration before commencing each shift and provide to their supervisor for that shift.**

This helps our staff to implement necessary safety measure to prevent infections.Thank you for supporting us during this time and we apologise for any delays that this may cause.

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| **Name** | |  | | | | |
| **Role** |  | **Group Home:** | |  | | |
| **Date** |  | **Time Completed** | | |  | |
| **Phone Number** | |  | | | | |
| **Email Address** | | **@achieveaustralia.org.au** | | | | |
| 1. Have **you travelled** from **any overseas country** in the **last 14 days?** | | **Y | N** | **If yes,** what **date did you return?** | |  | |
| 1. Have you had **close contact** with someone who has **travelled from overseas in the 14 days after their return?** | | | | | **Y | N** | |
| 1. Have you travelled **to or from Melbourne** in the last 14 days? | | **Y | N** | **If yes,** what **date did you return?** | |  | |
| **If yes,** which **suburbs** were you in? | |  | | | | |
| 1. Have you had **close contact** with someone who has **travelled to or from Melbourne in the 14 days after their return?** | | | | | **Y | N** | |
| **If yes**, provide details of **suburbs** visited if known, **date of return** and **date of last close contact**. | |  | | | | |
| 1. Have you **been in** **Sydney’s Hotspot LGAs** in the last 14 days? (<https://www.nsw.gov.au/covid-19/latest-news-and-updates>) | | | | | **Y | N** | |
| 1. Have you **visited a recent NSW Case Location** during the identified dates? (<https://www.nsw.gov.au/covid-19/latest-news-and-updates>) | | | | | **Y | N** | |
| 1. Have you had **close contact** with someone who has **visited a recent NSW Case Location** during the identified dates?   (<https://www.nsw.gov.au/covid-19/latest-news-and-updates>) | | | | | **Y | N** | |
| 1. Are you **a close contact of someone confirmed to have COVID-19?** | | | | | **Y | N** | |
| If so please provide details of date of contact and their illness period. | |  | | | | |
| 1. Do you live in a householdwith **someone who is currently directed to be in social isolation by a Doctor, their work or other agency due to potential COVID-19?** | | | | | | **Y | N** |
| 1. Do **you feel unwell, or have flu-like symptoms**, such as  * **Cough Short of breath (difficulty breathing)** * **Sore throat Loss of taste or smell** * **Fever** | | | | | | **Y | N** |
| 1. Is **anyone in your household or close contacts** currently feeling **unwell, or have flu-like symptoms**, as set out in Question 10. | | | | | | **Y | N** |
| 1. **High Risk Populations** - Are you in any high risk groups: 2. 70 years and older 3. 65 years and older with relevant medical conditions 4. Aboriginal and Torres Strait Islander 50 years and older with relevant chronic medical conditions 5. Relevant chronic medical conditions 6. Compromised immune system (e.g. Cancer) | | | **Y | N**  **Note below the applicable Number if answered Yes to a High Risk Population:** | | | |

Definitions:

* ***A close contact*** – Includes household members as well as someone who:
  + has had more than 15 minutes of face-to-face contact (in any setting) with a person with confirmed COVID-19 (including in the 24 hours before their symptoms appeared)
  + has shared a closed space with a person with confirmed COVID-19 for more than 2 hours (including in the 24 hours before their symptoms appeared
* ***Relevant chronic medical conditions*** - currently includes:
  + Chronic renal failure
  + Coronary Heart disease or congestive cardiac failure
  + Chronic lung disease
  + Poorly controlled diabetes
  + Poorly controlled hypertension

**If you answered:**

* **No to all questions above** – You are fine to start your shift
* **Yes to any of the questions above** - Please consider the need to self-isolate. Before starting your shift, please discuss with your manager if there are any opportunities to work remotely in your role otherwise discuss arrangements for leave.

You may be required to Self-Isolate under Government or Achieve Policy in some of these cases.

For Achieve Australia Supervising Staff

**PLEASE PRINT THIS FORM DAILY TO MAKE SURE YOU HAVE THE MOST UP TO DATE VERSION.**

Should the Staff member be granted access to the premises to commence their shift?

* No to all questions - they can enter the premises
* Yes to at least 1 question – Please Check the Procedures and Appendix and seek advice from GM or HR regarding the specifics to advise the staff member prior to them commencing any work.

Then upload their form responses to TMS using the Staff Sign On Risk Register – COVID–19 form.

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| **Supervisor Name** |  |

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| **Supervisor Action taken** |  |